U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

For Official Use Only

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006

h

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

READ THE INSTRUCTIONS CAREFULI	LY BEFORE PREPARING THIS REPORT. LEWISECH
1. File Number U - 1518	2. Fiscal Year Covered From: 1 / 1 / 2004 Through: 12 / 31 / 2004
3. Name and address of person filing.	4. Name, file number, and address of labor organization.
Name HOMAS	Name CARPENTERS DISTRICT COUNCIL OF ST. LOUIS
1. As an amount of the control of th	Labor Organization File Number 003637
P.O. Box, Blog., Room No., if any	P.O. Box, Building and Room Number, if any
Street 1401 HAMPTON AVE	Street 1401 HAMPTON AVE
City ST. LOUIS 45- Hr. 18-18-18-18-18-18-18-18-18-18-18-18-18-1	City ST. LOUIS 1
State Missouri 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	State Missouri ZIP Code + 4 63139-3159
5. Position in labor organization. BUSTNESS REPRESENTATIVE	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.				
Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.			
Name				
Trade Name, if any:				
P.O. Box, Bldg., Room No., if any	7.b. Amount.			
Street Visit Control of the Control				
City				
State ZIP Code + 4				

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed Thomas & Theirag

On **§ //1-0**

3/V 6/44 4800 See Telephone Number

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested. 9. Business deals with: 8. Name and address of Business (including trade name, if any). Name COMMERCE BANK a. Labor Organization Trade Name, if any: b. Trust P.O. Box, Bldg., Room No., if any c. Employer Street BOOD FORSYTH CLAYTON THE THE PROPERTY OF TH City State 11.a. Nature of such dealing. 10. If 9.b. or 9.c. is checked give trust or employer's name COMMERCE BANK IS A MONEY MANAGER FOR THE CARPENTERS
DISTRICT COUNCIL'S TRUST FUNDS Name CARPENTERS PENSION TRUST FUND OF ST LOUIS Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 1401 HAMPTON AVE 11.b. Approximate dollar value of such dealing. 12.a. Nature of interest held or income received. City 4/28/04 ANNUAL CLIENT BASEBALL GAME JA ANNUAL ULISNI BASEBALI GA C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value. 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Name Trade Name, if any: P.O. Box, Bldg., Room No., if any

14.b. Amount of payment.

or Consultant

13.b. Is the Business an Employer

Street III

State

Name	of Person F	Filina TT4	OMAS I	HETNS?
rvarne	of Person r	mag TH	UMAS I	コンナルつい

Part B Continuation Page

8. Name and address of Business (including trade name, if any).	9. Business deals with:
Name MORGAN STANCEY TO THE TOTAL TOTAL TOTAL	a. Labor Organization
Trade Name, if any:	b. Trust
P.O. Box, Bldg., Room No., if any	
Street 440 SOUTH LASALLE STREET HET EFENDE STREET	c. Employer
City CHICAGO PROPERTY AND THE PROPERTY OF THE	
State Tilinois William Edition ZIP Code + 4 60605-1028	All Makes of such deciling
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing. MORGAN STANLEY, IS A MONEY MANAGER FOR THE
Name CARPENTERS PENSION TRUST FUND OF ST. LOUIS	CARPENTERS PENSION TRUST FUND OF ST. LOUISE CONTROL OF ST. ST. COURSE CONTROL OF ST.
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
Street 1401. HAMPTON, AVE	
City STUSTOUTS AND THE COURSE OF THE COURSE	
State Missouri 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	11.b. Approximate dollar value of such dealing.
	12.a. Nature of interest held or income received.
	12/3/04 DINNER AT FEBF CONFERENCE TO THE FORM OF THE PROPERTY
	(SPOUSE INCLUDED)
	學家是學術的問題的觀問和自己問題的問題的
	12.b. Amount.

Name of Person	Filina	THOMAS	HEINSZ

Part B Continuation Page

8. Name and address of Business (including trade name, if any).	9. Business deals with:
Name INVESCO_NAME IN THE PROPERTY OF THE PROPE	a. Labor Organization
Trade Name, if any:	Carl Carl
P.O. Box, Bldg., Room No., if any	b. Trust
Street 400 W MARKET ST. STE 2500	c. Employer
City LOUISVILLE THE REPORT OF THE REPORT OF THE PERSON OF	
State Kentucky William Republic 21P Code + 4 40202-33491	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.
Name CARPENTERS PENSION TRUST FUND OF ST LIQUISM	INVESCO-NAM IS A MONEY MANAGER FOR THE CARPENTERS :
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
Street 1401 HAMPTON, AVE TO BE TO SEE THE SECOND STREET	
City ST. LOUIS MAKE THE TOTAL THE MEDICAL PROPERTY OF THE ST.	
State Missouri 2015	11.b. Approximate dollar value of such dealing. \$334,308
	12.a. Nature of interest held or income received.
	12/2/04 DINNER AT TEEP CONFERENCE
	12/2/04 DINNER AT FEEP CONFERENCE (SPOUSE INCLUDED)
	AND THE PROPERTY OF THE PROPER
·	
	STATE OF THE PROPERTY OF THE P
	12.b. Amount. \$133

Name	Ωf	Person	Filina	THOMAS	HEINS?
1401110	O,	1 013011		INOMA	T125 1 1 4 2 4.

Part B Continuation Page

8. Name and address of Business (including trade name, if any).	9. Business deals with:	
Name CARPENTERS PENSION TRUST FUND	a. Labor Organization	
Trade Name, if any:	b. Trust	•
P.O. Box, Bidg., Room No., if any	Note of the	
Street 14017 HAMPTON AVE WAS SAND WILLIAMS WILLIAMS	c. Employer	
City ST LOUIS A LATE OF THE STATE OF THE STA		
State Missouri Missouri ZIP Code + 4 63139-3159		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
Name [38] [28] [28] [28] [28] [28] [28] [28] [2	THE CARPENTERS PENSION TRUST FUND IS WHICH THE CARPENTERS DISTRICT COUGLI	
Trade Name, if any:	ORGANIZATION DISVINTERESTED	
P.O. Box, Bldg., Room No., if any		
Street		
City The Company of t		
State 上海国际的国际设施的工程。 ZIP Code + 4	11.b. Approximate dollar value of such dealing.	
	12.a. Nature of interest held or income received.	NACHE BARNES A R TRAIN AS ASSAUL NARRY CHARAC.
	NOV #94 - ATTENDANCE AT ENTREBES COL	NFERENCE TO SEE THE
	12.b. Amount.	\$1.128

Part B Continuation Page

Name and address of Business (including trade name, if any).	9. Business deals with:	
Name CARPENTERS HEALTH CARE TRUST FUND	a. Labor Organization	
Trade Name, if any:	b. Trust	
P.O. Box, Bldg., Room No., if any	History	
Street 1401 HAMPTON AVE CONTROL OF THE PROPERTY OF THE PROPERT	c. Employer	
City STALLOUIS		
State Missouri4404 1991 ZIP Code + 4 63139131591		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	and Angelow with a consequence of the sales
Name	THE CARPENTERS HEALTH & WELFARE TR TRUST TIN WHICH THE CARPENTERS DIST	
Trade Name, if any:	(LABOR:ORGANIZATION) IS INTERESTED	
P.O. Box, Bldg., Room No., if any		
Street St		
City 指指的是多数的概念。自然的表现,这种可能是否是在影響的學生可能		
State ZIP Code + 4	11.b. Approximate dollar value of such dealing.	
	12.a. Nature of interest held or income received.	The state of the s
	NOV 04 TATTENDANCE AT IN TFEBP O	ONFERENCE
	12.b. Amount.	\$1.128

	•			
Name of	Person	Filing	THOMAS	HEINSZ

Part B Continuation Page

Name and address of Business (including trade name, if any).	9. Business deals with:	
Name CARPENTERS VACATION TRUST FUND OF ST. LOUIS	🔀 a. Labor Organization	
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any	b. Trust	:
Street 1401 HAMPTON, AVE: MEET, 10 Sales of the second	c. Employer	
City ST. LOUIS CONTROL OF THE ST. LOUIS CONTRO		
State Missouri Transport Missouri Tra		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
Name Participal Microsoft Participal Partic	THE CARPENTERS VACATION TRUST FUND WHICH THE CARPENTERS DISTRICT COUCH	IS ATRUST IN THE CONTROL OF THE CONT
Trade Name, if any:	ORGANIZATION) IS INTERESTED	
P.O. Box, Bldg., Room No., if any		
Street Street		
City City Company of the Company of	E SANCE DE LE SELLE DE LE LES DE LE CONTROL	
State 子连起上车 物色的形态压测性 字 ZIP Code + 4 字 章 引起 主義	11.b. Approximate dollar value of such dealing.	
	12.a. Nature of interest held or income received.	NAME TO AND ADDRESS OF A A PART & CARACT AND A COMMENT AND
	NOV. 04 ATTENDANCE AT IN TREEP C	ONFERENCE AND THE SECOND
	12.b. Amount.	学》:12B

Name of Perso	o Filina	THE OM A C	HEINSZ
Name of Ferso		THUMAS	HEINS 4

Part B Continuation Page

·		
Name and address of Business (including trade name, if any).	9. Business deals with:	
Name COMMERCE BANK TO THE TAXABLE BANK TO THE	a. Labor Organization	
Trade Name, if any:	taning.	
P.O. Box, Bldg., Room No., if any		
Street 8000 FORSYTHE TO THE STREET	器。c. Employer	
City CLAYTON TO THE PROPERTY OF THE PROPERTY O	•	
State Missourite 112 ZIP Code + 4 63105-1707		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
Name CARPENTERS PENSION TRUST FUND OF ST LOUIS	COMMERCE SANK IS A MONEY MANAGER FOR THE CARPENIERS DISTRICT COUNCIL S TRUST FUNDS	
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any		
Street 1401 HAMPTON AVE.		
City ST LOUIS BANK TO THE STATE OF THE STATE		
State Missouri F. Missouri ZIP Code + 4 63139 3159	11.b. Approximate dollar value of such dealing.	
	12.a. Nature of interest held or income received.	
	1271704間DINNER: ATSTHEBIT EBPSICONTERENCESSASSISSISSISSISSISSISSISSISSISSISSISSIS	
	THE PROPERTY OF THE PROPERTY O	
,		
	12.b. Amount. 518	

Part B Continuation Page

	12.b. Amount.	\$48
	12.a. Nature of interest held or income received. DEC. 94-USA MADE ROLLING COOLER— The state of the state o	
State Missouri Zip Code + 4 63139 3159	11.b. Approximate dollar value of such dealing.	\$334, 308
City ST. LOUIS The control of th		
Street 1401 HAMPTON AVE THE TOTAL SECTION OF THE SE		
P.O. Box, Bldg., Room No., if any		
Trade Name, if any:		
10. If 9.b. or 9.c. is checked give trust or employer's name. Name CARPENTERS PENSION TRUST FUND:	INVESCOTNAM IS A MONEY MANAGER FOR PENSION TRUST TUND OF ST LOUIS	THE REAR PENTERS AND
	11.a. Nature of such dealing.	
City LOUISVILLE 2012 Part 21 Code + 4 2020233349		
Street 400 W MARKET ST STE 2500 F STE 2500	S. Cinpoyer	
P.O. Box, Bldg., Room No., if any	b. Trust c. Employer	
Trade Name, if any:	b. Trust	
Name INVESCO NAME TO THE REPORT OF THE PARTY	a. Labor Organization	
8. Name and address of Business (including trade name, if any).	9. Business deals with:	

Name of Person Filing THOMAS HEINSZ	File Number U-	
Part B Continuation Page		

your labor organization is interested.			
8. Name and address of Business (including trade name, if any).	9. Business deals with:		
Name SIERRA INVESTMENT PARTNERS	a. Labor Organization		
Trade Name, if any:			
P.O. Box, Bidg., Room No., if any	b. Trust		
Street 2625 BUTTERFIELD RD., STE 138 SOUTH	c. Employer		
City OAK BROOK			
State Illinois ZIP Ccde + 4 60523-1244			
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.		
Name CARPENTERS PENSION TRUST FUND	SIERRA INVESTMENT PARTNERS IS A MONEY MANAGER FOR THE CARPENTERS PENSION TRUST FUND OF ST. LOUIS		
Trade Name, if any:		THE COLL STORY	
P.O. Box, Bldg., Room No., if any			
Street 1401 HAMPTON AVE.		COURT WILL COURT	
City ST. LOUIS	Contraction of the contraction o		
State Missouri ZIP Code + 4 63139-3159	11.b. Approximate dollar value of such dealing.	\$75,192	
	12.a. Nature of interest held or income received.		
	12/04 HOLIDAY BOTTLE OF WINE	Will state of the	
		W. 4 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	
	t .	- Comment	
		* *	
		A salani terratio	
	reducember	2	
	L	and the control of th	
	12.b. Amount.	\$49	